
Week of May 8, 2000

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J.C. Watts, Jr.
Chairman
4th District, Oklahoma

Breast and Cervical Cancer Prevention and Treatment Act of 2000

H.R. 4386

Committee on Commerce
No Report Filed
Introduced by Ms. Myrick *et al.* on May 4, 2000

Floor Situation:

The House is scheduled to consider H.R. 4386 today under suspension of the rules after consideration of H.R.3244. It is debatable for 40 minutes, may not be amended, and requires a two-thirds majority vote for passage.

(This edition of *Legislative Digest* reflects changes made in the bill since the edition published on May 5, 2000.)

Summary:

H.R. 4386 amends title XIX of the Social Security Act to provide medical assistance for certain women under 65 who have been screened and found to have breast or cervical cancer by the Center for Disease Control and Prevention (CDC) early detection program. The bill contains an enhanced Medicaid reimbursement. The enhanced match will be 75 percent federal and 25 percent state. Such assistance begins at diagnosis and coverage will be limited to medical assistance provided during the period in which an individual requires treatment for breast or cervical cancer.

The bill amends the Public Health Service Act and the Federal Food, Drug, and Cosmetic Act with respect to surveillance and information concerning the relationship between cervical cancer and the human papillomavirus (HPV). The Secretary (acting through the director of the CDC) is required to report to Congress on this data in one year. This report is to include data that will determine the prevalence of HPV

in specific groups and areas in the United States. Also, the CDC will be required to conduct prevention research on HPV. A final proposal, submitted two years after the effective date, will include a detailed summary of the significant findings and problems and will outline the steps needed to make HPV a reportable disease and the best strategies to prevent infections. Finally, the bill directs HHS to conduct a study (and report to Congress) to determine if condoms are effective in preventing the transmission of HPV and other sexually transmitted diseases.

Background:

Breast cancer kills over 46,000 women each year and is the leading cause of death among women between 40 and 45 and cervical cancer kills 4,400 women a year. In 1990, Congress took the first step to fight breast and cervical cancer by passing the Breast and Cervical Cancer Mortality Prevention Act. This law authorized a breast and cervical cancer-screening program for low-income, uninsured or underinsured women through the CDC. The current program covers screening services only, not treatment. The current method of providing treatment is through an *ad hoc* patchwork of providers, volunteers, and local programs that often results in unpredictable, delayed, or incomplete treatment.

The human papillomavirus causes genital warts and affects both men and women. It is often difficult or even impossible to diagnose because the tests available are not completely reliable and can be confusing. There is no totally reliable way for sexually active people to prevent exposure to HPV. In fact, the American Cancer Society has stated that condoms *do not* protect against infection with HPV. Women infected with HPV may be at a greater risk for developing dysplasia of the cervix, a precancerous condition that may lead to cervical cancer if not detected and treated.

Costs/Committee Action:

An official CBO cost estimate was unavailable at press time.

The bill was not considered by a House committee.



Christina Carr, 226-2302

Children's Health Act of 2000

H.R. 4365

Committee on Commerce

No Report Filed

Introduced by Messrs. Bilirakis and Brown (OH), May 3, 2000

Floor Situation:

The House is scheduled to consider H.R. 4365 today under suspension of the rules. It is debatable for 40 minutes, may not be amended, and requires a two-thirds majority vote for passage.

Summary:

H.R. 4365 amends the Public Health Services Act to revise and establish programs with respect to children's health research and prevention activities performed by federal public health agencies. The bill establishes and funds research entities, institutes, surveillance and monitoring programs, and studies to both better the understanding of the causes of a variety of illnesses that affect children as well as funding research to detect and prevent such illnesses in the future. The measure also attempts to foster federal and state cooperation in creating public awareness about some of the devastating effects of disorders such as autism, Epilepsy, Fragile X, Asthma, and Skeletal Cancer in children.

Highlights:

This legislation creates a number of changes to different titles of the Public Health Service Act. These amendments include:

Title I – Autism Makes changes under Subtitle A of Title I that authorizes the Centers for Disease Control (CDC) creating the National Autism Developmental Disabilities Surveillance Program, which uses a number of mechanisms to improve the collection, analysis, and reporting of case data on autism and other pervasive developmental disabilities. This subtitle also creates between 3-5 “Centers of Excellence in Autism,” establishes the CDC as the nation's clearinghouse for autism research and policy development, and establishes a citizen government advisory committee on autism.

Subtitle B directs the Director of the National Institutes of Health (NIH) to expand and diversify the NIH's activities with respect to autism, as well as requiring the Director to award grants and contracts to public or nonprofit entities for research on autism. Subtitle B also requires the Secretary of Health and Human Services (HHS) to establish a program for provide information and education on Autism to health professionals and the public, as well as establish an Autism Coordinating Committee to coordinate HHS efforts concerning autism.

Title II – Research and Development Concerning Fragile X This title instructs the Director of the National Institute of Child Health and Human Development to expand, intensify, and coordinate research

on Fragile X. Title II also establishes three Fragile X research centers through grants or contracts, as well as creating a program to encourage health professionals to conduct Fragile X research by repaying a portion of their educational loans.

Title III – Juvenile Arthritis and Related Conditions Title III requires the Directors of the National Institute for Arthritis and Musculoskeletal and Skin Diseases and National Institute of Allergy and Infectious Diseases to expand and intensify research on juvenile arthritis. The title also establishes an information resource center on juvenile arthritis and related conditions to distribute information about the disease among health professionals and the public. Furthermore the measure directs the NIH and HRSA to develop a plan to ensure an adequate base of properly trained health professionals to meet the needs of children with this affliction.

Title IV – Reducing the Burden of Diabetes Among Children Title IV directs the HHS Secretary to develop a system to collect data on juvenile diabetes through the CDC, and establish a national database for this data. The bill also directs the HHS secretary to conduct and support long term studies through the NIH that follow individuals with juvenile, or Type 1, diabetes for 10 years or more. Also, the measure directs the HHS Secretary to establish through the CDC a national health effort to address Type 2 diabetes in youth.

Title V – Asthma Treatment Services for Children Subtitle A of Title V address treatment services for children, Subtitle B addresses prevention activities, Subtitle C coordinates federal activities on the matter, while Subtitle D deals with compilation of data. Some of the activities called for under these subtitles include (1) authorizing the HHS Secretary to award grants to provide comprehensive asthma services to children, equip mobile health care clinics, and conduct patient and family education on asthma management. This title also amends the Preventive Health and Health Services Block Grant Program to provide for the establishment of cost efficient systems to reduce the prevalence of asthma among urban populations. This title also calls for a coordinating committee that will submit recommendations to Congress 12 months after enactment regarding ways to strengthen and improve to coordination of asthma-related federal activities.

Title VI – Birth Defects Prevention Activities Subtitle A of Title VI establishes a national folic acid education program, and authorizes the CDC to launch an education and public awareness campaign to encourage folic acid consumption by women of reproductive capacity. Subtitle creates a National Center for Birth Defects and Development and Developmental Disabilities within the CDC to collect, analyze, and distribute data on birth defects; as well as conduct research on the prevention of birth defects.

Title VII – Early Detection, Diagnosis, and Treatment Regarding Hearing Loss in Infants Title VII authorizes grants or cooperative agreements to (1) develop statewide newborn and infant hearing screening and intervention programs and (2) provide technical assistance to state agencies to complement programs to conduct applied research related to newborn and infant hearing screening, evaluation and intervention programs.

Title VIII – Children with Epilepsy Title VIII authorizes the CDC to develop strategies to improve the lives of people with epilepsy, especially children. This title also authorizes the HHS Secretary to provide grants for demonstration projects to improve access to health services regarding seizures and to encourage early detection and treatment of epilepsy for children living in remote areas.

Title IX – Safe Motherhood and Infant Health Promotion Subtitle A of Title IX authorizes the HHS Secretary to develop and expand programs relating to monitoring and collecting information on pregnancy, prevention programs, and the roles various groups play in healthy pregnancies, as well as carry out public education campaigns on healthy pregnancies. Subtitle B provides grant funding for programs and research on drug, alcohol and smoking prevention for pregnant mothers.

Title X Revision and Extension of Certain Programs Subtitle A of Title X establishes a Pediatric Research Initiative in the NIH, while Subtitle B reauthorizes existing programs the Public Health Services Act through Fiscal Year 2003.

Title XI - Childhood Skeletal Malignancies Directs the CDC to study the causes and effects of childhood skeletal cancers, as well as expanding the current data collection and support the CDC's National Limb Loss Information Center.

Title XII – Adoption Awareness Subtitle A of Title XXII authorizes the Secretary of the HHS to make grants to adoption organizations for training staff in health organizations to provide adoption information and referrals.

Title XIII Traumatic Brain Injury Title XIII reauthorizes the Traumatic Brain Injury Act of 1996 and makes changes to strengthen and improve its programs it authorized. The bill also changes its three year authorization to five years, and implements a national education and awareness campaign regarding brain injuries.

Title XIV – Prevention and Control of Injuries Reauthorizes the injury prevention and control programs of the Center for Disease Control.

Title XV – Healthy Start Initiative Authorizes the Healthy Start program which seeks to reduce the rate of infant mortality and to improve prenatal screening services in areas with high rates of infant mortality. New services such as ultra-sound screening and expanded access to surgical services to the fetus, mother and infant during the early months after birth are also authorized.

Title XVI – Oral Health Promotion and Disease Prevention Authorizes the Secretary of HHS to provide grants to states and Indian tribes to fund water fluoridation and improved in-school dental services to children in low income areas.

Title XVII – Vaccine Compensation Program The Vaccine Injury Compensation Program currently only provides compensation to someone injured from routinely-administered vaccines where the injury lasts more than six months. Certain vaccines, like rotavirus, often requires immediate surgery, which would not be eligible for compensation. The modified program makes compensation available if the injury requires a hospital stay or surgery.

Title XVIII – Hepatitis C Authorizes the Secretary, through the CDC, to identify children that may have become infected with Hepatitis C through a blood transfusion and provides them with counseling, testing and medical treatment.

Title XIX – NIH Initiative on Autoimmune Diseases Authorizes the Director of NIH to expand programs and activities dealing with autoimmune diseases including the formation of coordinating commit-

tee and advisory council to develop NIH activities in this area and report to the Congress on how funds are being spent on autoimmune diseases.

Title XX – Graduate Medical Education Programs in Children’s Hospitals The authorization of appropriations for graduate medical education programs in children’s hospitals is extended through fiscal year 2005.

Title XXI – Special Needs of Children Regarding Organ Transplantation Congress mandated an Institute of Medicine study on Medicare immunosuppressive drug coverage and the unique growth and development of health and organ transplant needs. This title ensures that the nation’s organ transplant system recognizes these special needs.

Title XXII – Miscellaneous Provisions Requires the Director of NIH to report to Congress within six months from enactment regarding activities conducted and support by NIH during FY 2000 with regard to rare diseases in children, including Friedreich’s ataxia, and activities planned for FYs 2001-2005.

Title XXIII – Effective Date Makes the effective date of the Act October 1, 2000 or upon the date of enactment.

Costs/Committee Action

At press time a CBO cost estimate was not available.

The bill was referred to the Commerce Committee but not considered.



Eric Hultman and Greg Mesack, 226-2305

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